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17 Changes in Premature Mortality — United States, 1982-1983
19 Update: Influenza Activity — United States
20 Hemolytic-Uremic Syndrome Associated with *Escherichia coli* O157:H7 Enteric Infections — United States, 1984
21 Update: Acquired Immunodeficiency Syndrome — Europe

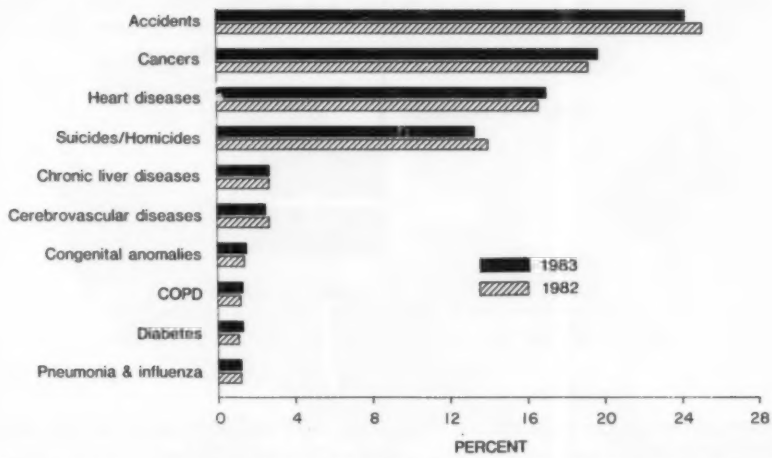
Perspectives in Disease Prevention and Health Promotion

Changes in Premature Mortality — United States, 1982-1983

Total years of potential life lost (YPLL) for persons who died in 1983 between their first and 65th birthdays decreased by 2.9% from 1982 to 1983. In this issue, Table V presents updated estimates of premature mortality based on age- and cause-specific death rates for 1983 from the National Center for Health Statistics (NCHS). The rate of YPLL per 1,000 persons in the 1- through 64-year age range decreased by 3.6%.

The relative ranking of the top four causes of premature mortality did not change from 1982 to 1983 (Figure 1). Accidents (i.e., unintentional injuries) continued to head the list, with 24.2% of the total in 1983. However, its rate fell by 7.3% from the previous year's level. Although malignant neoplasms and heart disease each accounted for larger proportions of the

FIGURE 1. Percent* contribution to total years of potential life lost, by cause† and year — United States, 1982 and 1983



*These percentages of each year's total YPLL are calculated from age- and cause-specific death rates reported by the National Center for Health Statistics (*Monthly Vital Statistics Report*, vol. 32, no. 13, September 21, 1984, pp. 17-8) and population estimates from the Bureau of the Census.

†Underlying causes of death specified in Table V.

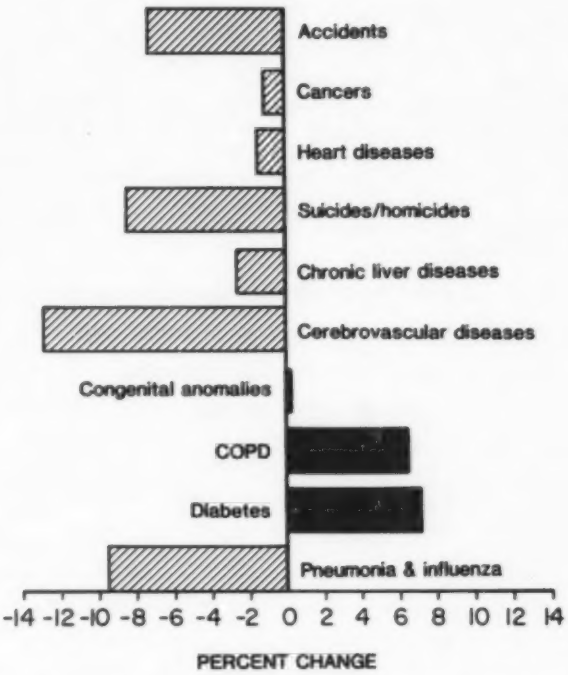
Premature Mortality — Continued

total YPLL in 1983, when their contributions are expressed as rates, both diseases caused less premature mortality per 1,000 persons aged 1 through 64 years in 1983 than in 1982. The largest proportional decrease in rate was for cerebrovascular disease, down by 12.9% from 1982 (Figure 2). Increases in YPLL per 1,000 persons aged 1 through 64 years occurred for chronic obstructive pulmonary disease (COPD) and allied conditions (6.5%) and for diabetes mellitus (7.2%).

Congenital anomalies are included in this revision of Table V, because they account for enough deaths, even after age 1 year, to rank seventh as a cause of YPLL.

Reported by Div of Surveillance and Epidemiologic Studies, Epidemiology Program Office, CDC.

FIGURE 2. Percent change* from 1982 to 1983 in rates of years of potential life lost — United States



*Percentage change in the rate of YPLL per 1,000 persons from 1 through 64 years of age is calculated for each cause as

$$\frac{(1983 \text{ rate} - 1982 \text{ rate}) \times 100}{1982 \text{ rate}}$$

Thus, positive values indicate larger rates in 1983, and vice versa.

Current Trends

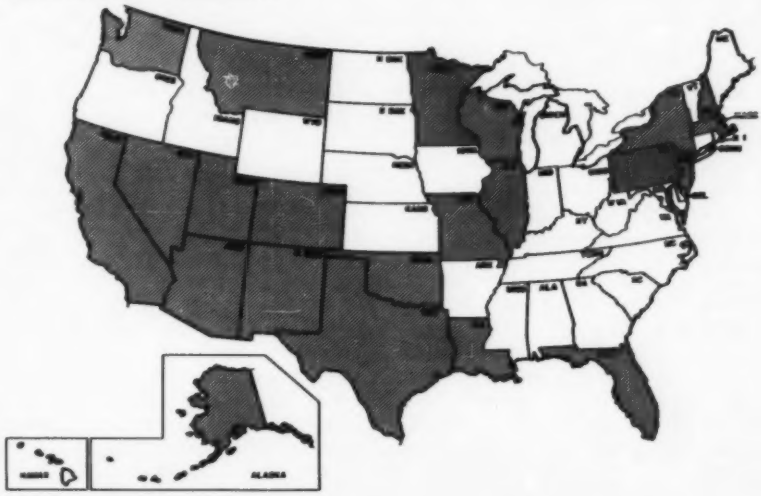
Update: Influenza Activity — United States

Since January 1, 1985, the number of reporting states with laboratory isolates of type A(H3N2) influenza virus has increased rapidly. On January 1, the total was eight states; on January 8, 13 states; and on January 15, 22 states (Figure 3). In addition to the previous report of a nursing-home outbreak in New York City (*1*), nursing-home outbreaks have now been reported in California and Pennsylvania. In Pennsylvania, four influenza virus isolates were recovered from elderly patients in an outbreak that affected about 40 (19%) of 210 nursing-home residents in early January in Crawford County. In California, 23 (46%) of the 50 residents of a nursing home in Santa Clara County had influenza-like illnesses in an outbreak in late December and early January.

Reported by B DeArmond, MD, Santa Clara County Health Dept, California Dept of Health Svcs; J Schivers, MD, Regional Clinical Laboratories of Northwest Pennsylvania, Erie, B Kleger, PhD, Pennsylvania Dept of Health; State and Territorial Epidemiologists and State Laboratory Directors; Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: Reports of this year's influenza outbreaks indicate that persons of all ages are being infected with type A(H3N2) strains (*1*). The current information is consistent with past observations that, when outbreaks occur in nursing homes, high attack rates can occur. Although information about the vaccination status of the affected nursing-home residents has not been reported, previous studies, particularly during the A/Bangkok/1/79(H3N2) outbreaks in 1982-1983, showed that use of influenza vaccine greatly reduced the complications from influenza. Because the present type A(H3N2) strains now causing outbreaks are similar to the A/Philippines/2/82 component of the current vaccine, it is likely that similar protection will be conferred. Persons providing medical care to those at high risk of acquiring

FIGURE 3. States with reported influenza virus type A(H3N2) — United States, 1984-1985 season to January 15



Influenza — Continued

severe influenza should continue to offer influenza vaccine to those who have not yet received it. Under circumstances where influenza A virus is already active within the community, amantadine hydrochloride is recommended to provide protection for the first 2 weeks after vaccine administration, as well as to control outbreaks when they occur (*2*). Because renal function often decreases with age, a reduced dosage of 100 mg/day is generally advisable for persons aged 65 years and older to minimize the risk of toxicity (*2,3*). Amantadine treatment, begun within the first 1 or 2 days of illness, may also assist in the recovery process for persons with influenza A infection.

References

1. CDC. Update: influenza activity—United States. MMWR 1985;34:6, 11.
2. ACIP. Prevention and control of influenza. MMWR 1984;33:253-60, 265-6.
3. Committee on Immunization, Council of Medical Societies, American College of Physicians. Guide for adult immunization. 1st ed. Philadelphia: American College of Physicians, 1985.

Epidemiologic Notes and Reports

Hemolytic-Uremic Syndrome Associated with *Escherichia coli* O157:H7 Enteric Infections — United States, 1984

During the first 11 months of 1984, seven cases of hemolytic-uremic syndrome (HUS) associated with *Escherichia coli* O157:H7 gastroenteritis were identified in the United States. All patients had microangiopathic hemolytic anemia, thrombocytopenia, and evidence of renal disease; none had new onset of neurologic abnormalities to suggest thrombotic thrombocytopenic purpura. A diarrheal illness preceded onset of HUS in all seven patients. The cases occurred in Washington, Nebraska, and North Carolina.

Washington: Three cases occurred between March and October. The first two patients (women ages 25 and 36) had a prodrome of hemorrhagic colitis; the third patient (a 3-year-old boy) had a prodrome of watery, nonbloody diarrhea. *E. coli* O157:H7 was isolated from the stool of each patient. No exposures common to all patients were identified.

Nebraska: During an outbreak in September of diarrheal illness caused by *E. coli* O157:H7 among residents of a nursing home, one of the patients with hemorrhagic colitis, a 63-year-old woman, subsequently developed HUS.

North Carolina: During an outbreak of gastroenteritis (both bloody and nonbloody diarrhea) in a day-care center in September and October, three children who had bloody diarrhea subsequently developed HUS; they were 11 months, 31 months, and 35 months of age. *E. coli* O157:H7 was isolated from the stools of four ill children, including one with HUS.

Reported by Washington Dept of Social and Health Svcs; Div of Health, Nebraska State Dept of Human Resources; Div of Health Svcs, North Carolina Dept Human Resources; Enteric Diseases Br, Div of Bacterial Diseases, Center for Infectious Diseases, CDC.

Editorial Note: *E. coli* O157:H7 was first recognized as an enteric pathogen during the investigation of two outbreaks of hemorrhagic colitis that occurred in Oregon and Michigan in 1982 (*1*). Since then, *E. coli* O157:H7 has also been associated with sporadic cases of hemorrhagic colitis and HUS in the United States, Canada, and Great Britain (*2-4*). Isolation of this very rare *E. coli* serotype from stools of patients with HUS suggests that this pathogen may be one important cause of HUS; however, further epidemiologic and laboratory studies are needed.

Hemolytic-Uremic Syndrome — Continued

Since *E. coli* isolates from stool cultures are not routinely serotyped, the diagnosis of *E. coli* O157:H7 infection cannot be made unless physicians consider it and arrange for serotyping. Stools from HUS patients who present with a diarrheal prodrome should be collected as soon after onset of illness as possible and held frozen at -70 C (-94 F). Arrangements for examination of the stools and/or *E. coli* isolates from such stools at state laboratories or CDC can be made through state laboratory directors.

References

1. Riley LW, Remis RS, Helgerson SD, et al. Hemorrhagic colitis associated with a rare *Escherichia coli* serotype. N Engl J Med 1983;308:681-5.
2. Remis RS, MacDonald KL, Riley LW, et al. Sporadic cases of hemorrhagic colitis associated with *Escherichia coli* O157:H7. Ann Intern Med 1984;101:624-6.
3. Health and Welfare Canada. Sporadic cases of hemorrhagic colitis associated with *Escherichia coli* O157:H7—Calgary, Alberta. Canada Diseases Weekly Report 1983;9:181-2.
4. PHLS Communicable Disease Surveillance Centre. Haemolytic uraemic syndrome. Communicable Disease Report 1983;36:1.

International Notes

Update: Acquired Immunodeficiency Syndrome — Europe

As of October 15, 1984, 559 cases of acquired immunodeficiency syndrome (AIDS) had been reported to the World Health Organization (WHO) Collaborating Centre on AIDS. One hundred thirty new cases were noted in the 10 countries corresponding with the Centre at the time of the previous report (July 15, 1984), an average increase of 10 cases per week (Table 1).

TABLE 1. Reported acquired immunodeficiency syndrome cases and estimated rates per million population — 15 European countries*

Country	Oct. 1983†	July 1984	Oct. 1984	Rates§
Czechoslovakia	0	0	0	0.0
Denmark	13	28	31	6.0
Finland	¶	¶	4	0.8
France	94	180	221	4.0
Federal Republic of Germany	42	79	110	1.8
Greece	¶	2	2**	0.2
Iceland	0	0	0	0.0
Italy	3	8	10	0.2
Netherlands	12	21	26	1.8
Norway	¶	¶	4	1.0
Poland	0	0	0	0.0
Spain	6	14	18	0.5
Sweden	4	7	12	1.5
Switzerland	17	28	33	5.0
United Kingdom	24	54	88	1.6
Total	**215**	**421**	**559**	**1.5**

*Czechoslovakia, Denmark, Finland, France, Federal Republic of Germany, Greece, Iceland, Italy, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, United Kingdom.

†These data were reported at the first European meeting on AIDS held in Aarhus, Denmark, October 1983.

§Based on 1983 populations, INED, Paris.

¶No data reported at this time.

**Data of July 15, 1984.

AIDS – Continued

The greatest increases were observed in France, with 41 new cases (three to four per week); United Kingdom—34 new cases (two to three per week); and Federal Republic of Germany—31 new cases (two to three per week). In the other seven countries, the increase was less—two to five cases between July and October. Among the five new participating countries, three (Czechoslovakia, Iceland, and Poland) said no AIDS cases had ever been reported, and two (Finland and Norway) reported four cases each.

AIDS cases per million population were calculated from 1983 population data provided by the Institut National d'Etudes Démographiques (INED), Paris, France. The highest rate was observed in Denmark—six cases per million population; Switzerland—five per million; and France—four per million. These rates are low compared to that in the United States: 27.6 per million population as of October 1, 1984.

Of the total 559 cases, 255 (46%) deaths were reported (Table 2). The primary diseases were opportunistic infections alone for 62% (348/559) of the patients; Kaposi's sarcoma (KS) for 23% (127/559); and opportunistic infection with KS for 14% (79/559). Category "other" includes three cases of progressive multifocal leukoencephalitis (France—two; Denmark—one) and two cases of cerebral lymphoma alone (United Kingdom—one; Federal Republic of Germany—one).

(Continued on page 28)

TABLE I. Summary—cases of specified notifiable diseases, United States

Disease	2nd Week Ending			Cumulative, 2nd Week Ending		
	Jan. 12, 1985	Jan. 14, 1984	Median 1980-1984	Jan. 12 1985	Jan. 14, 1984	Median 1980-1984
Acquired Immunodeficiency Syndrome (AIDS)	68	55	N	154	152	N
Aseptic meningitis	78	111	89	110	185	187
Encephalitis: Primary (arthropod-borne & unspec.)	8	9	15	14	18	28
Post-infectious	1	-	-	2	4	2
Gonorrhea: Civilian	13,853	18,014	18,014	23,877	31,495	38,179
Military	367	675	648	545	915	1,017
Hepatitis: Type A	300	326	376	520	601	659
Type B	336	392	312	585	679	609
Non A, Non B	56	57	N	93	103	N
Unspecified	54	72	155	108	124	268
Legionellosis	13	3	N	16	8	N
Leprosy	-	4	2	4	10	8
Malaria	8	5	11	9	20	21
Measles: Total*	5	8	8	5	18	18
Indigenous	-	8	N	-	16	N
Imported	5	-	N	5	2	N
Meningococcal infections: Total	35	54	54	59	95	95
Civilian	35	54	54	59	95	95
Military	-	-	-	-	-	-
Mumps	37	76	83	60	122	138
Pertussis	23	18	15	28	52	25
Rubella (German measles)	3	11	34	8	16	52
Syphilis (Primary & Secondary): Civilian	397	535	581	664	889	1,137
Military	8	3	5	9	5	18
Toxic Shock syndrome	8	9	N	10	18	N
Tuberculosis	241	287	347	383	500	581
Tularemia	5	1	1	5	3	3
Typhoid fever	2	6	11	5	9	15
Typhus fever, tick-borne (RMSF)	3	3	1	3	3	3
Rabies, animal	38	78	77	73	118	150

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1985		Cum. 1985
Anthrax	-	Plague	-
Botulism: Foodborne	-	Poliomyelitis: Total	-
Infant	-	Paralytic	-
Other	-	Psittacosis (Upstate N.Y. 1, Nebr. 1, Mont. 1)	4
Brucellosis	1	Rabies, human	-
Cholera	-	Tetanus	1
Congenital rubella syndrome	-	Trichinosis (Calif. 4)	4
Diphtheria	-	Typhus fever, flea-borne (endemic, murine)	-
Leptospirosis	2		

* The five reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending January 12, 1985 and January 14, 1984 (2nd Week)

Reporting Area	AIDS	Aseptic Menin-gitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel-losis	Leprosy
			Primary	Post-in-fectious			A	B	NA,NB	Unspeci-fied		
	Cum 1985	1985	Cum 1985	Cum 1985	Cum 1985	Cum 1984	1985	1985	1985	1985	1985	Cum 1985
UNITED STATES	154	78	14	2	23,877	31,485	300	336	56	54	13	4
NEW ENGLAND	10	5	-	-	844	1,074	2	20	2	14	-	-
Maine	1	-	-	-	35	39	-	3	1	-	-	-
N.H.	-	1	-	-	25	22	-	-	1	1	-	-
Vt.	-	1	-	-	9	13	1	-	-	-	-	-
Mass.	9	-	-	-	249	314	1	14	-	13	-	-
R.I.	-	2	-	-	91	59	-	2	-	-	-	-
Conn.	-	1	-	-	435	627	-	1	-	-	-	-
MID ATLANTIC	57	9	-	-	1,682	2,922	18	31	3	3	1	1
Upstate N.Y.	9	9	-	-	-	176	9	8	2	1	-	-
N.Y. City	30	-	-	-	1,319	1,470	6	18	-	-	1	1
N.J.	17	-	-	-	363	358	3	5	1	2	-	-
Pa.	1	U	-	-	-	918	U	U	U	U	U	-
E.N. CENTRAL	6	14	4	1	2,870	5,158	21	31	4	3	6	-
Ohio	5	9	3	1	943	1,304	9	15	1	1	3	-
Ind.	-	2	-	-	249	240	2	-	-	1	-	-
Ill.	1	-	-	-	697	1,632	-	-	-	-	-	-
Mich.	-	3	1	-	906	1,537	10	16	3	1	3	-
Wis.	-	-	-	-	75	445	-	-	-	-	-	-
W.N. CENTRAL	1	2	-	-	1,851	1,233	6	9	-	-	1	-
Minn.	1	-	-	-	166	290	-	-	-	-	-	-
Iowa	-	2	-	-	145	167	-	4	-	-	-	-
Mo.	-	-	-	-	761	436	1	4	-	-	1	-
N. Dak.	-	-	-	-	7	13	-	-	-	-	-	-
S. Dak.	-	-	-	-	35	45	5	-	-	-	-	-
Nebr.	-	-	-	-	120	109	-	1	-	-	-	-
Kans.	-	-	-	-	417	173	-	-	-	-	-	-
S. ATLANTIC	29	10	2	-	5,786	7,872	9	53	10	6	2	-
Del.	1	-	-	-	123	157	4	-	2	-	-	-
Md.	3	1	-	-	771	1,081	-	2	-	-	-	-
D.C.	3	1	-	-	461	403	-	3	-	-	-	-
Va.	2	5	-	-	686	774	3	12	4	2	1	-
W. Va.	-	U	-	-	68	66	U	U	U	U	U	-
N.C.	1	2	2	-	902	1,146	-	22	3	4	-	-
S.C.	-	-	-	-	921	754	-	7	1	-	-	-
Ga.	3	1	-	-	-	1,580	1	6	-	-	1	-
Fla.	16	-	-	-	1,854	1,911	1	1	-	-	-	-
E.S. CENTRAL	2	6	1	1	2,075	2,539	5	31	7	-	1	-
Ky.	1	4	-	-	213	262	-	2	-	-	-	-
Tenn.	-	-	-	-	1,107	1,018	1	14	3	-	-	-
Ala.	1	2	1	1	555	969	4	15	4	-	1	-
Miss.	-	-	-	-	200	290	-	-	-	-	-	-
W.S. CENTRAL	6	-	1	-	4,180	4,562	4	-	-	2	-	-
Ark.	-	-	-	-	408	432	-	-	-	-	-	-
La.	1	-	-	-	805	1,263	-	-	-	-	-	-
Okla.	-	-	1	-	465	471	3	-	-	-	-	-
Tex.	5	-	-	-	2,502	2,396	1	-	-	2	-	-
MOUNTAIN	4	2	-	-	921	892	72	32	1	10	2	-
Mont.	-	-	-	-	34	42	1	-	-	1	1	-
Idaho	-	-	-	-	21	43	2	1	-	-	-	-
Wyo.	-	-	-	-	16	16	-	-	-	2	-	-
Colo.	4	-	-	-	304	269	8	5	-	2	-	-
N. Mex.	-	-	-	-	121	102	7	1	-	-	-	-
Ariz.	-	2	-	-	236	215	38	20	-	5	1	-
Utah	-	-	-	-	18	52	3	1	1	-	-	-
Nev.	-	-	-	-	171	153	13	4	-	-	-	-
PACIFIC	39	30	6	-	3,868	5,233	163	129	29	16	-	3
Wash.	-	1	-	-	126	214	3	2	-	1	-	-
Oreg.	-	-	-	-	224	242	38	8	3	-	-	1
Calif.	39	23	6	-	3,394	4,573	122	118	26	15	-	2
Alaska	-	-	-	-	75	123	-	1	-	-	-	-
Hawaii	-	6	-	-	49	81	-	-	-	-	-	-
Guam	-	U	-	-	-	10	U	U	U	U	U	-
P.R.	1	1	1	-	4	132	1	9	-	2	-	-
V.I.	-	U	-	-	5	14	U	U	U	U	U	-
Pac. Trust Terr.	-	U	-	-	-	-	U	U	U	U	U	-

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending January 12, 1985 and January 14, 1984 (2nd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1985	1985	Cum 1985	1985	Cum. 1985	Cum. 1984	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984
UNITED STATES	9	-	-	5	5	18	59	37	60	23	26	52	3	8	16
NEW ENGLAND	-	-	-	-	-	-	6	4	4	-	-	2	1	1	-
Maine	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-
Vt.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Mass.	-	-	-	-	-	-	1	3	3	-	-	-	-	-	-
R.I.	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-
Conn.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
MID ATLANTIC	2	-	-	1	1	-	4	-	1	1	1	1	-	3	-
Upstate N.Y.	1	-	-	-	-	-	3	-	-	1	1	1	-	-	-
N.Y. City	1	-	-	1†	1	-	1	-	1	-	-	-	-	3	-
N.J.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pa.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
E.N. CENTRAL	1	-	-	-	-	4	11	22	29	9	11	4	-	-	2
Ohio	1	-	-	-	-	-	8	12	15	1	3	-	-	-	-
Ind.	-	-	-	-	-	-	2	3	3	8	8	-	-	-	-
Ill.	-	-	-	-	-	-	-	6	8	-	-	3	-	-	1
Mich.	-	-	-	-	-	4	1	1	3	-	-	-	-	-	1
Wis.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
W.N. CENTRAL	1	-	-	-	-	-	3	-	-	-	-	30	-	-	1
Minn.	-	-	-	-	-	-	1	-	-	-	-	2	-	-	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Mo.	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Kans.	-	-	-	-	-	-	-	-	-	-	-	26	-	-	-
S. ATLANTIC	1	-	-	-	-	-	7	2	7	1	1	3	-	1	-
Del.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Md.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
D.C.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Va.	-	-	-	-	-	-	2	-	3	-	-	-	-	-	-
W. Va.	-	U	-	U	-	-	-	U	1	U	-	1	U	-	-
N.C.	-	-	-	-	-	-	1	-	-	1	1	-	-	-	-
S.C.	-	-	-	-	-	-	1	-	1	-	-	-	-	1	-
Ga.	-	-	-	-	-	-	1	2	2	-	-	2	-	-	-
Fla.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
E.S. CENTRAL	1	-	-	-	-	-	2	1	1	-	-	-	-	-	-
Ky.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tenn.	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-
Ala.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Miss.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
W.S. CENTRAL	-	-	-	-	-	-	1	2	2	-	-	1	-	-	1
Ark.	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
La.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Okla.	-	-	-	-	-	-	-	N	N	-	-	-	-	-	-
Tex.	-	-	-	-	-	-	1	1	1	-	-	1	-	-	1
MOUNTAIN	-	-	-	-	-	12	5	1	4	-	1	7	-	-	-
Mont.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	-	-	-	-	-	2	-	-	-	-	7	-	-	-
N. Mex.	-	-	-	-	-	-	1	N	N	-	1	-	-	-	-
Ariz.	-	-	-	-	-	-	1	1	4	-	-	-	-	-	-
Utah	-	-	-	-	-	12	-	-	-	-	-	-	-	-	-
Nev.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	3	-	-	4	4	2	20	5	12	12	12	4	2	3	12
Wash.	-	-	-	-	-	-	2	1	1	-	-	3	-	-	-
Oreg.	-	-	-	-	-	-	1	N	N	-	-	-	-	-	-
Calif.	2	-	-	4†	4	2	17	4	10	12	12	1	2	3	12
Alaska	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Guam	-	U	-	U	-	1	-	U	-	U	-	-	U	-	-
P.R.	-	6	7	-	-	-	-	-	-	-	-	-	-	-	-
V.I.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
Pac. Trust Terr.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †International §Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending January 12, 1985 and January 14, 1984 (2nd Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum 1985	Cum 1984	1985	Cum 1985	Cum 1984	Cum 1985	Cum 1985	Cum 1985	Cum 1985
UNITED STATES	664	889	8	383	500	5	5	3	73
NEW ENGLAND	15	19	-	12	18	-	-	-	-
Maine	-	-	-	1	1	-	-	-	-
N H	-	-	-	-	-	-	-	-	-
Vt	-	-	-	-	-	-	-	-	-
Mass	7	8	-	9	11	-	-	-	-
R I	-	1	-	-	-	-	-	-	-
Conn	8	10	-	2	6	-	-	-	-
MID ATLANTIC	75	115	-	106	111	-	-	-	5
Upstate N Y	-	5	-	5	16	-	-	-	5
N Y City	57	66	-	62	41	-	-	-	-
N J	18	23	-	39	22	-	-	-	-
Pa	-	21	U	-	32	-	-	-	-
E N CENTRAL	27	64	-	44	43	-	-	1	1
Ohio	3	14	-	14	13	-	-	1	-
Ind	4	10	-	1	6	-	-	-	-
Ill	13	34	-	29	22	-	-	-	-
Mich	6	3	-	-	-	-	-	-	-
Wis	1	3	-	-	2	-	-	-	1
W N CENTRAL	8	12	1	6	8	2	-	-	12
Minn	-	3	-	-	-	-	-	-	1
Iowa	-	3	1	4	2	-	-	-	9
Mo	6	6	-	-	2	1	-	-	1
N Dak	-	-	-	-	-	-	-	-	1
S Dak	-	-	-	1	1	-	-	-	-
Nebr	1	-	-	-	2	1	-	-	-
Kans	1	-	-	1	1	-	-	-	-
S ATLANTIC	135	302	-	52	123	-	1	2	12
Del	2	-	-	-	2	-	-	-	-
Md	7	18	-	13	22	-	-	-	-
D C	5	12	-	4	5	-	-	-	-
Va	10	14	-	-	1	-	1	-	5
W Va	-	-	U	1	6	-	-	-	-
N C	28	24	-	4	19	-	-	1	-
S C	21	32	-	14	24	-	-	-	1
Ga	-	65	-	-	-	-	-	1	6
Fla	62	137	-	16	44	-	-	-	-
E S CENTRAL	72	53	-	37	26	1	-	-	5
Ky	2	2	-	8	5	-	-	-	1
Tenn	20	15	-	10	2	1	-	-	-
Ala	19	16	-	19	19	-	-	-	4
Miss	31	20	-	-	-	-	-	-	-
W S CENTRAL	162	136	-	10	12	-	-	-	16
Ark	10	7	-	-	-	-	-	-	4
La	40	50	-	8	6	-	-	-	-
Okla	2	5	-	-	-	-	-	-	1
Tex	110	74	-	2	6	-	-	-	11
MOUNTAIN	35	29	-	6	9	2	-	-	7
Mont	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-
Wyo	-	1	-	-	-	-	-	-	2
Colo	6	4	-	-	-	-	-	-	-
N Mex	-	2	-	-	2	1	-	-	-
Ariz	29	9	-	5	6	-	-	-	5
Utah	-	2	-	-	1	1	-	-	-
Nev	-	11	-	1	-	-	-	-	-
PACIFIC	135	159	7	110	150	-	4	-	15
Wash	-	6	-	4	4	-	-	-	-
Oreg	8	6	-	2	5	-	-	-	-
Calif	123	144	7	101	135	-	4	-	15
Alaska	-	-	-	-	-	-	-	-	-
Hawaii	4	3	-	3	6	-	-	-	-
Guam	-	-	U	-	-	-	-	-	-
P R	2	26	-	2	12	-	-	-	-
V I	-	-	U	-	-	-	-	-	-
Pac Trust Terr	-	-	U	-	-	-	-	-	-

U Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending January 12, 1985 (2nd Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	731	526	146	27	14	18	55
Boston, Mass.	218	145	43	14	7	7	32
Bridgeport, Conn.	46	35	9	-	1	-	1
Cambridge, Mass.	40	31	6	1	-	-	6
Fall River, Mass.	38	27	9	1	1	-	2
Hartford, Conn.	58	39	13	3	1	-	3
Lowell, Mass.	31	25	5	1	-	-	3
Lynn, Mass.	18	11	2	1	2	-	2
New Bedford, Mass.	19	13	4	1	1	-	-
New Haven, Conn.	49	36	11	1	-	1	1
Providence, R.I.	81	60	18	1	-	2	5
Somerville, Mass.	5	3	1	1	-	-	-
Springfield, Mass.	42	27	11	-	1	3	3
Waterbury, Conn.	33	29	4	-	-	-	3
Worcester, Mass.	60	45	8	2	-	5	4
MID. ATLANTIC	3,380	2,291	704	248	82	55	205
Albany, N.Y.	59	35	17	1	3	2	2
Allentown, Pa.	13	8	3	1	1	-	-
Buffalo, N.Y.	136	87	33	9	4	3	16
Camden, N.J.	58	41	9	2	3	3	2
Elizabeth, N.J.	29	20	6	2	1	-	3
Erie, Pa.†	55	38	8	5	3	1	5
Jersey City, N.J.	46	32	8	6	-	-	-
N.Y. City, N.Y.	1,956	1,344	377	155	45	35	118
Newark, N.J.	84	32	26	19	5	2	4
Paterson, N.J.	31	22	4	3	1	1	2
Philadelphia, Pa.†	405	283	101	31	5	5	20
Pittsburgh, Pa.†	63	47	15	1	-	-	3
Reading, Pa.	33	24	7	1	1	-	-
Rochester, N.Y.	133	94	24	8	6	1	14
Schenectady, N.Y.	38	28	9	-	1	-	3
Scranton, Pa.†	39	30	7	1	1	-	2
Syracuse, N.Y.	94	68	25	-	-	1	5
Trenton, N.J.	54	37	15	1	-	1	1
Utica, N.Y.	20	18	3	-	1	-	1
Yonkers, N.Y.	35	25	7	2	1	-	4
E.N. CENTRAL	2,696	1,886	509	155	74	89	112
Akron, Ohio	73	53	17	2	1	-	-
Canton, Ohio	52	39	12	1	-	-	7
Chicago, Ill. §	533	452	10	21	16	31	15
Cincinnati, Ohio	219	137	60	10	7	5	19
Cleveland, Ohio	154	92	45	9	6	2	5
Columbus, Ohio	126	71	34	8	10	3	3
Dayton, Ohio	133	86	32	8	1	7	4
Detroit, Mich.	338	176	90	47	13	12	9
Evansville, Ind.	73	60	9	2	1	1	2
Fort Wayne, Ind.	58	32	19	3	1	3	-
Gary, Ind.	24	13	8	3	-	-	1
Grand Rapids, Mich.	67	49	10	3	2	3	3
Indianapolis, Ind.	203	139	46	9	2	7	1
Madison, Wis.	50	36	8	2	1	3	6
Milwaukee, Wis.	194	142	44	3	1	4	8
Peoria, Ill.	60	46	6	4	-	4	8
Rockford, Ill.	54	40	9	2	3	-	5
South Bend, Ind.	52	39	5	5	2	1	4
Toledo, Ohio	148	100	31	9	7	1	8
Youngstown, Ohio	85	65	14	4	-	2	4
W.N. CENTRAL	829	568	171	47	17	26	42
Des Moines, Iowa	67	44	18	3	2	-	3
Duluth, Minn.	54	40	9	2	3	-	-
Kansas City, Kans.	37	18	10	7	1	1	-
Kansas City, Mo.	143	94	37	4	3	5	7
Lincoln, Nebr.	37	28	8	1	-	-	3
Minneapolis, Minn.	103	72	18	5	2	6	3
Omaha, Nebr.	87	61	18	3	3	2	8
St. Louis, Mo.	152	115	22	11	1	3	9
St. Paul, Minn.	70	50	11	3	2	4	5
Wichita, Kans.	79	46	20	8	-	5	4
S. ATLANTIC	1,605	1,009	363	120	58	56	79
Atlanta, Ga.	203	133	44	15	5	2	5
Baltimore, Md.	259	156	65	18	10	9	5
Charlotte, N.C.	123	78	28	9	4	4	7
Jacksonville, Fla.	127	70	34	12	6	5	12
Miami, Fla.	164	106	36	16	3	3	7
Norfolk, Va.	67	35	13	6	5	8	3
Richmond, Va.	114	71	29	6	4	4	10
Savannah, Ga.	66	43	14	3	3	3	6
St. Petersburg, Fla.	162	134	17	5	2	4	9
Tampa, Fla.	101	64	20	6	6	4	9
Washington, D.C.	147	78	44	12	6	7	3
Wilmington, Del.	72	41	18	8	2	3	3
E.S. CENTRAL	996	636	241	65	25	29	51
Birmingham, Ala.	169	97	47	9	6	10	3
Chattanooga, Tenn.	63	38	21	4	-	-	6
Knoxville, Tenn.	82	55	13	7	5	2	2
Louisville, Ky.	120	72	32	11	2	3	3
Memphis, Tenn.	184	128	31	16	5	4	12
Mobile, Ala.	117	71	32	8	3	3	12
Montgomery, Ala.	81	56	19	3	1	2	5
Nashville, Tenn.	180	119	46	7	3	5	8
W.S. CENTRAL	1,373	845	321	108	51	47	61
Austin, Tex.	78	46	12	7	5	7	3
Baton Rouge, La.	83	43	25	3	4	8	4
Corpus Christi, Tex.	85	57	22	4	-	2	2
Dallas, Tex.	230	139	57	19	11	4	9
El Paso, Tex.	95	65	19	9	2	-	5
Fort Worth, Tex.	89	54	20	2	4	9	3
Houston, Tex.	174	93	50	22	7	2	4
Little Rock, Ark.	89	53	24	8	4	-	6
New Orleans, La.	90	59	22	4	1	4	3
San Antonio, Tex.	235	148	50	21	10	6	12
Shreveport, La.	28	17	6	2	1	2	1
Tulsa, Okla.	97	71	14	7	2	3	9
MOUNTAIN	838	562	191	37	29	19	42
Albuquerque, N.Mex.	107	68	28	7	-	4	7
Colo. Springs, Colo.	36	27	7	-	2	-	2
Denver, Colo.	163	109	28	7	13	6	8
Las Vegas, Nev.	122	75	33	10	2	2	5
Ogden, Utah	25	19	5	1	-	-	5
Phoenix, Ariz.	162	110	36	6	8	2	3
Pueblo, Colo.	32	23	7	1	-	1	4
Salt Lake City, Utah	55	36	12	2	2	3	1
Tucson, Ariz.	136	95	35	3	2	1	7
PACIFIC	2,346	1,723	373	103	77	64	187
Berkeley, Calif.	23	18	4	1	-	-	-
Fresno, Calif.	84	56	16	5	3	4	9
Glendale, Calif. §	25	25	-	-	-	-	-
Honolulu, Hawaii	82	55	19	4	2	2	13
Long Beach, Calif.	107	79	19	3	1	5	4
Los Angeles, Calif. §	519	468	6	5	23	11	17
Oakland, Calif.	66	45	12	3	4	2	7
Pasadena, Calif.	50	37	6	3	2	2	-
Portland, Oreg.	182	129	33	5	7	8	11
Sacramento, Calif.	181	121	43	9	6	2	16
San Diego, Calif.	277	190	48	17	9	13	44
San Francisco, Calif.	216	140	41	26	4	5	10
San Jose, Calif.	232	159	51	6	10	6	29
Seattle, Wash.	170	100	51	14	3	2	6
Spokane, Wash.	87	66	17	2	2	-	16
Tacoma, Wash.	45	35	7	-	1	2	5
TOTAL	14,794 ††	10,026	3,019	910	425	403	844

* Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

** Pneumonia and influenza.

† Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

†† Total includes unknown ages.

§ Data not available. Figures are estimates based on average of past 4 weeks.

TABLE V. Years of potential life lost, deaths, and death rates, by cause of death, and estimated number of physician contacts, by principal diagnosis, United States

Cause of morbidity or mortality (Ninth Revision ICD, 1975)	Years of potential life lost before age 65 by persons dying in 1983*	Estimated mortality August 1984		Estimated number of physician contacts August 1984¶
		Number†	Annual Rate/100,000§	
ALL CAUSES (TOTAL)	9,170,000	162,260	808.5	110,600,000
Accidents and adverse effects (E800-E949)	2,219,000	8,850	44.1	6,700,000
Malignant neoplasms (140-208)	1,808,000	37,610	187.4	1,700,000
Diseases of heart (390-398, 402, 404-429)	1,559,000	58,000	289.0	5,700,000
Suicides, homicides (E950-E978)	1,218,000	4,290	21.4	—
Chronic liver disease and cirrhosis (571)	248,000	2,510	12.5	100,000
Cerebrovascular diseases (430-438)	226,000	11,900	59.3	900,000
Congenital anomalies (740-759)	134,000	1,220	6.1	400,000
Chronic obstructive pulmonary diseases and allied conditions (490-496)	123,000	5,480	27.3	900,000
Diabetes mellitus (250)	115,000	2,750	13.7	2,900,000
Pneumonia and influenza** (480-487)	106,000	3,770	18.8	600,000
Prenatal care††				2,900,000
Infant mortality††		3,200	10.0 /1,000 live births	

*Years of potential life lost for persons between 1 year and 65 years old at the time of death are derived from the number of deaths in each age category as reported by the National Center for Health Statistics, *Monthly Vital Statistics Report* (MVSR), Vol. 32, No. 13, September 21, 1984, multiplied by the difference between 65 years and the age at the midpoint of each category. As a measure of mortality, "Years of potential life lost" underestimates the importance of diseases that contribute to death without being the underlying cause of death.

†The number of deaths is estimated by CDC by multiplying the estimated annual mortality rates (MVSR Vol. 33, No. 9, December 26, 1984, pp. 8-9) and the provisional U.S. population in that month (MVSR Vol. 33, No. 8, November 15, 1984, p.1) and dividing by the days in the month as a proportion of the days in the year.

§Annual mortality rates are estimated by NCHS (MVSR Vol. 33, No. 9, December 26, 1984, pp. 8-9), using the underlying cause of death from a 10% systematic sample of death certificates received in state vital statistics offices during the month and population estimates from the Bureau of the Census.

¶IMS America *National Disease and Therapeutic Index* (NDTI), Monthly Report, August 1984, Section III. This estimate comprises the number of office, hospital, and nursing home visits and telephone calls prompted by each medical condition based on a stratified random sample of office-based physicians (2,100) who record all private patient contacts for 2 consecutive days each quarter. The accuracy of the estimates is unknown, and the number provided should be used only as a gross indicator of morbidity.

**Data for "infectious diseases and their sequelae" as a cause of death and physician visits comparable to other multiple-code categories (e.g., "malignant neoplasms") are not presently available.

††"Prenatal care" (NDTI) and "Infant mortality" (MVSR Vol. 33, No. 8, November 15, 1984, p.1) are included in the table because "Years of potential life lost" does not reflect deaths of children <1 year.

AIDS – Continued

The highest case-fatality rates (70%) were noted for patients with KS and opportunistic infection; the case-fatality rate for opportunistic infection alone was 49%, and for KS alone, 22%.

Ninety-four percent (525/559) of the cases were among men. The male-to-female ratio was 15.4, compared with 14.5 for the United States. Forty-nine percent of the cases occurred in the 30- to 39-year age group (Table 3).

Four groups of differing geographic origin of birth were noted (Table 4).

European: 479 cases (86% of total). Four hundred sixty-five patients lived in Europe (including European countries not yet collaborating with the Centre) before the onset of the first symptoms. Fourteen patients (3% of cases occurring among Europeans) lived outside Europe (United States—three; Zaire—two; Haiti—two; Gabon—one; Nicaragua—one; Venezuela—one; South Africa—one; Ghana—one; Congo—one; unknown—one).

Caribbean: 21 cases (4%). Nineteen patients lived in Europe (17 Haitians living in France; one Dominican and one Jamaican living in the United Kingdom). Two Haitian patients diagnosed in France lived in Haiti.

African: 45 cases (8%). These patients originated from: Zaire—19 patients; Congo—10; Gabon—three; Mali—two; Cameroon—two; Zambia—two; Madagascar—one; Cape Verde—one; Chad—one; Algeria—one; Ghana—one; Togo—one; Uganda—one. These cases were diagnosed in six reporting countries: France—33 patients; Switzerland—six; United

TABLE 2. Acquired immunodeficiency syndrome cases and number of deaths, by disease category — 15 European countries, through October 15, 1984

Disease category	Cases (%)	Deaths (%)
Opportunistic infection	348 (62)	169 (49)
Kaposi's sarcoma	127 (23)	28 (22)
Opportunistic infection and Kaposi's sarcoma	79 (14)	55 (70)
Others	5 (1)	3 (60)
Unknown	0 (0)	0 (0)
Total	**559 (100)**	**255 (46)**

TABLE 3. Acquired immunodeficiency syndrome cases, by age group and sex — 15 European countries, through October 15, 1984

Age group	Males	Females	Total No. (%)
0-11 months	2	0	2 (< 1)
1-4 years	0	0	0 (0)
5-19 years	5	0	5 (1)
20-29 years	86	15	101 (18)
30-39 years	263	12	275 (49)
40-49 years	130	6	136 (24)
50-59 years	28	1	29 (5)
≥ 60 years	5	0	5 (1)
Unknown	6	0	6 (1)
Total*	**525**	**34**	**559 (100)**

*Sex ratio = 15.4.

AIDS – Continued

Kingdom—two; Federal Republic of Germany—two; Greece—one; Italy—one. Seventy-three percent (33/45) of these patients resided in Europe before the onset of the first symptoms. Eleven resided in Africa, and one, in the United States.

Other origins: 14 cases (3%). Most of these originated from the American continents: United States—nine; Canada—one; Argentina—one; Nicaragua—one; Peru—one. One was from Pakistan. Of these, nine were not living in Europe before the onset of symptoms (United States—six; Argentina—one; Canada—one; Pakistan—one).

Among the Europeans, 87% (415/479) were male homosexuals or bisexuals (Table 4). Two percent (7/479) were intravenous (IV) drug abusers, and 1% (3/479) were both IV drug abusers and homosexual. These cases were diagnosed in the Federal Republic of Germany—six; Spain—three; France—one. Four percent (17/479) were hemophilia patients diagnosed in: Federal Republic of Germany—eight; Spain—four; United Kingdom—three; France—two. For 1% (3/479) of patients, all diagnosed in France, the only risk factor noted was blood transfusion. One was transfused in Haiti, and a few days later, in Martinique (French West Indies); one was transfused in Paris; and the third was a resident of Italy, who was transfused in France. For 7% (33/479), no known risk factors were noted.

Among the Caribbeans, two of 21 patients were homosexual. Nineteen did not present any known risk factors. Among the Africans, four (9%) of 45 were homosexual; 41 did not present any known risk factors. Among the 14 patients of other origins, 11 were homosexual, and two were both homosexual and IV drug abusers diagnosed in the United Kingdom and Spain. One did not present any known risk factors.

Figure 4 indicates the progression of cases and deaths by half year of diagnosis (diagnosis being the date of positive biopsy or culture confirming the disease fitting the CDC case definition) since 1981. (Before 1981, 17 cases, including nine deaths, were reported.) Fifty-two percent of the patients diagnosed 1 year ago and 72% of the patients diagnosed 2 years ago have died. Although there is no information on this point, it appears that more cases diagnosed before 1981 have been lost to follow-up.

Editorial Note: The WHO Regional Bureau for Europe consists of 32 European countries. By July 15, 1984, 10 of these countries participated in the AIDS surveillance by reporting to the

TABLE 4. Acquired immunodeficiency syndrome cases, by patient risk group and geographic origin — 15 European countries, through October 15, 1984

Patient risk groups	Nationality				Total
	European	Caribbean	African	Others	
1. Male homosexuals or bisexuals	415	2	4	11	432
2. IV drug abusers	7	0	0	0	7
3. Hemophilia patients	17	0	0	0	17
4. Transfusion recipients (without other risk factors)	3	0	0	0	3
5. 1 and 2 associated	3	0	0	2	5
6. No known risk factor					
males	21	15	26	1	63
females	12	4	15	0	31
7. Unknown	1	0	0	0	1
Total	**479**	**21**	**45**	**14**	**559**

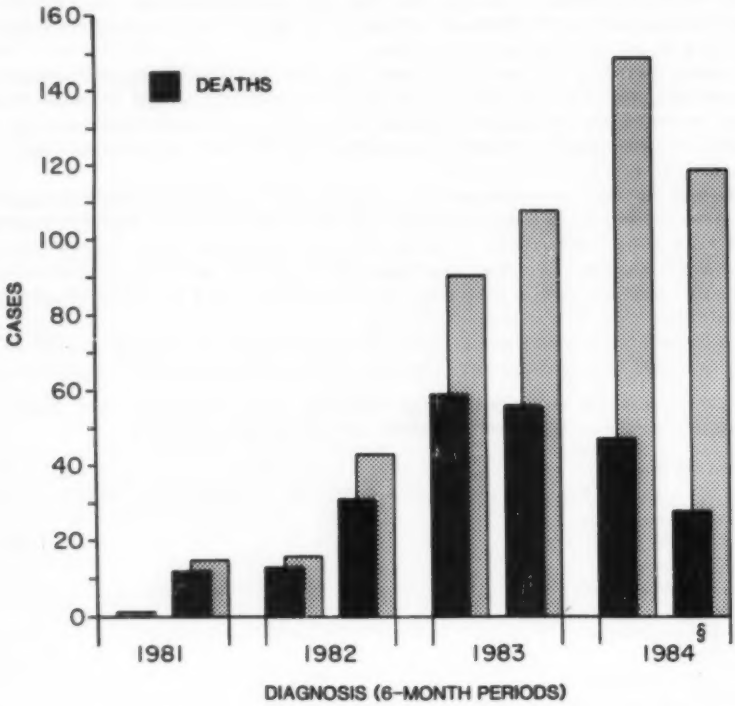
AIDS – Continued

Centre. By October 15, 1984, an additional five countries had been accepted to collaborate: Czechoslovakia, Finland, Iceland, Norway, and Poland. AIDS is presently a notifiable disease in four of the 15 reporting countries: Denmark, Iceland, Norway, and Sweden.

One of the main features of the European situation is the number of cases occurring among persons originating from equatorial Africa. Because Belgium has not yet reported, the picture of the situation is incomplete. (The participation of this country is expected for the next report.)

Zaire has drawn special attention in recent publications. The occurrence among the African patients diagnosed in Europe of a number of cases originating from other African countries, and also of cases among Europeans having stayed in these countries, shows that Zaire may not

FIGURE 4. Acquired immunodeficiency syndrome cases and number of deaths, by 6-month period of diagnosis — 13 European countries,* January 1, 1981-October 15, 1984†



*Denmark, Finland, France, Federal Republic of Germany, Greece, Iceland, Italy, Netherlands, Norway, Spain, Sweden, Switzerland, United Kingdom.

†Before 1981, 17 cases, including nine deaths, were reported.

§July-October 15, 1984.

AIDS – Continued

be the only African focus of this disease. The lack of reported cases probably reflects lack of surveillance in other countries of this area.

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Erratum: Vol. 33, No. 50

p. 702. In the article, "Measles—Hawaii," the number of elementary, private, and parochial school students considered susceptible to measles (fourth line of page 710) should be: 1,109/5,100.

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The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

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